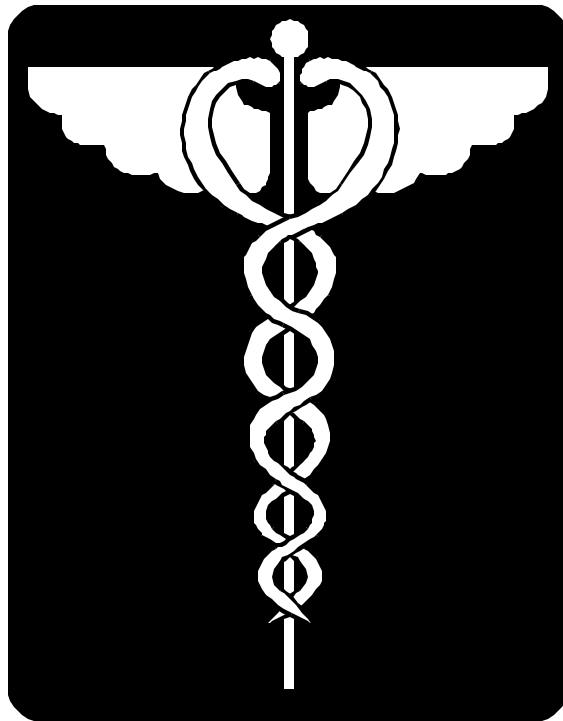


**2001 Statewide Medical & Health  
Disaster Exercise**

**EXERCISE CONTACT  
Toolkit**

State of California  
Emergency Medical Services Authority



**NOVEMBER 15, 2001**



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster  
Exercise  
November 15, 2001**

July 18, 2001

Dear Exercise Contact,

First, let us say thank you for the time, collaboration and hard work you are about to take on to make the 3<sup>rd</sup> annual Statewide Medical and Health Disaster Exercise, on November 15, 2001, a success in your operational area/county. This year, the Exercise Planning Group has put together an exercise that combines a large-scale trauma incident (an incident that can be a terrorist event) with decontamination and shelter-in-place elements. This type of event could happen in any community in California and unfortunately is becoming a reality for us all. Planning, preparing and exercising are critical to successful management of such an incident.

The 2001 Statewide Medical and Health Disaster Exercise Guidebooks are enclosed for your distribution to participants in your area. Printed numbers of guidebooks are limited, but the full guidebook can be downloaded from the EMS Authority website at [www.emsa.ca.gov](http://www.emsa.ca.gov), or you may contact Cheryl Starling at 916-322-4336/or at [cheryl.starling@emsa.ca.gov](mailto:cheryl.starling@emsa.ca.gov) for additional printed copies. The Exercise Planning Group heard your recommendations after last year's exercise, and produced the guidebooks for distribution in July, giving you more time to prepare and collaborate with participants. Your comments and recommendations are very important in making the exercise worthwhile to the medical and health community!

The Exercise Contact Toolkit will assist you in organizing, planning and executing the November 15<sup>th</sup> disaster exercise. Enclosed are materials to assist you with the use of the Response Information Management System (RIMS) and a hotwash/debriefing questionnaire to help guide you in your evaluation of the exercise. The Regional Disaster Medical/Health Specialist (RDMHS) will announce a date for and coordinate a regional hotwash using those questions. The RDMHS will then convey your hotwash information when they participate in a State hotwash. Materials to assist you in educating facilities and agencies about sheltering-in-place are enclosed in the "2001 Statewide Medical/Health Disaster Exercise Guidebook".

Please contact your RDMHS for any questions or assistance you may need.

Thank you for your commitment to disaster preparedness and making the 2001 Disaster Exercise a success!

Sincerely,

The Disaster Exercise Planning Group



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**Exercise Contact Toolkit**

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**STATE OF CALIFORNIA  
EMERGENCY MEDICAL SERVICES AUTHORITY  
STATEWIDE MEDICAL & HEALTH DISASTER  
EXERCISE**

**EXERCISE CONTACT TOOLKIT  
A GUIDE FOR MEDICAL/HEALTH OPERATIONAL AREA  
EXERCISE CONTACTS  
November 15, 2001**

*The following materials are offered to assist you in your preparation for the exercise and performance during the exercise.*

**Pre-Exercise Checklist**

**Preparing the Materials**

Compile, at a minimum, the following materials:

- ✍✍ 2001 Statewide Medical & Health Disaster Exercise Guidebook for November 15, 2001 from the Emergency Medical Services Authority, focusing on the following documents:
  - Exercise Objectives (Exercise Guidebook, page 2)
  - Exercise Scenario (Exercise Guidebook, page 5)
  - Master Sequence of Events (Exercise Guidebook, page 7)
  - Intent to participate Forms
    - ✍✍ Healthcare Facility/Ambulance Provider (Exercise Guidebook, page 13)
    - ✍✍ Amateur Radio (Exercise Guidebook, page 14)
    - ✍✍ Operational Area (Exercise Guidebook, page 15)

**\*\* Note: supplies of the printed Exercise Guidebook are limited. Contact Cheryl Starling at [cheryl.starling@emsa.ca.gov](mailto:cheryl.starling@emsa.ca.gov) for additional copies, or download and print the entire Exercise Guidebook from the website at [www.emsa.ca.gov](http://www.emsa.ca.gov).**

- ✍✍ Messages constructed from the scenario to provide to the participants, either by hand or over communications systems.
- ✍✍ A list of key contact information for participants and outside organizations.
- ✍✍ Critique forms used by your organization and the "Hotwash/Debriefing Form" in this Exercise Contact Toolkit, page 28.

**Coordination with Other Organizations**

Contact other organizations involved in the next few weeks in order to confirm the time and level of participation. Complete the following:

- ✍✍ Clearly identify a representative from each participating healthcare facility, ambulance provider, and amateur radio volunteer group.
- ✍✍ Provide them with several phone numbers where you can be reached the day of the exercise, as well as relevant fax and e-mail addresses.
- ✍✍ Inform them of potential conflicts or competing activities that may occur that day.

## **EXERCISE CONTACT TOOLKIT**

### **November 15, 2001**

- ✍ ✍ Communicate procedures to terminate the exercise should an actual emergency occur during the exercise. (See suggestions on page 6 of this guidebook.)
- ✍ ✍ Identify where and how any information is to be sent from your organization during the exercise, and how it is to be marked, e.g., "This is a Test," "This is a Drill," or "This is an Exercise."
- ✍ ✍ Designate a person or agency that will enter information into RIMS during the exercise. Some operational areas may issue a password to the Medical and Health Operational Area Coordinator (MHOAC), formerly known as the Operational Area Disaster Medical and Health Coordinator (OADMHC) to gain entry into the RIMS system for data input. Some may leave all data entry to OES. In a real event and in this exercise, there must be coordination between MHOACs, Health Officers, EMS and OES regarding information collection and input into the RIMS system.
- ✍ ✍ Invite other participating agencies, departments or organizations to briefings or training for the exercise.
- ✍ ✍ Contact and update other agencies, departments or organizations about any last-minute changes in participation or communications.

### **Coordination with the Media**

Work closely with the local agencies/departments Public Information Officer to define how the media will be addressed during the planning process, during the exercise, and afterwards. Ensure that media releases are prepared ahead of time, sound bites are already taped, and that an area for briefing the media is prepared away from the exercise area (if local agencies/departments believes that such coverage would be disruptive to completing the exercise objectives).

For examples of Public Service Announcements and Media Advisories, see page 11 and 12 in the 2001 Statewide Medical & Health Disaster Guidebook.

### **Scheduling Personnel, Space, and Equipment**

Logistics are critical for successful exercise outcomes. To do this you can:

- ✍ ✍ Schedule all Disaster Exercise participants in advance to coordinate their schedules. For critical positions, schedule back-up participants who are also briefed and trained prior to the exercise.
- ✍ ✍ Put the exercise date on local agencies/departments calendars, in-house publications or computer schedules so all involved personnel save the date when they are scheduling other activities.
- ✍ ✍ Identify and reserve the exercise location/space before the exercise.
- ✍ ✍ Monitor the exercise area to make sure construction or other changes do not hinder the layout for performance of the exercise, e.g., removal of the phone lines from the room, or removal of the chairs and tables.
- ✍ ✍ Develop a checklist of the equipment you will need to support the exercise.
- ✍ ✍ Check all equipment for proper functioning and operation before the exercise.

## EXERCISE CONTACT TOOLKIT

### November 15, 2001

#### Reporting Intent

Each participating entity will define its level of participation and complete the "Intent to Participate" form (see page 13 and 14 in the 2001 Statewide Medical & Health Disaster Guidebook). The participating entity will fax the "Intent to Participate" form to the Exercise Contact by **September 14, 2001**. Upon receipt of the form, the Exercise Contact will compile the participant totals (see page 15).

The Exercise Contact will complete the "Operational Area Intent to Participate" form (see page 15 in the 2001 Statewide Medical & Health Disaster Guidebook):

✍✍ Total the numbers of participants in the Operational Area.

- Note: the "Intent to Participate" forms are for healthcare facilities, ambulance providers and ACS providers only.

✍✍ The Exercise Contact should ascertain the number of other participating agencies/departments that will participate in the disaster exercise.

✍✍ The Exercise Contact will fax the "Operational Area Intent to Participate" form to the Regional Disaster Medical Health Specialist (RDMHS) no later than close of business on **September 21, 2001**. (See page 44 in the 2001 Statewide Medical & Health Disaster Guidebook for listing of RDMHS contact numbers)

#### Coordination with the Local Office of Emergency Services and the Dispatch Center

It is critical that other local agencies/departments are aware of and are invited to participate in the exercise. Consider including the following organizations:

- ✍✍ Local Emergency Medical Services Agency
- ✍✍ Local Office of Emergency Services
- ✍✍ County Health Officer
- ✍✍ Sheriff's Office
- ✍✍ Fire Service
- ✍✍ County Dispatch
- ✍✍ County Public Information Officer
- ✍✍ Local American Red Cross
- ✍✍ Local Amateur Radio Groups
- ✍✍ Local Disaster Councils
- ✍✍ Operational Area Councils

Local agencies/departments will decide their scale and intensity of participation, in addition to their necessary role to transmit information from the hospitals and ambulance service providers through the chain of government communications.

## EXERCISE CONTACT TOOLKIT

### November 15, 2001

Suggestions for local agencies/departments scope of participation:

- ✍✍ A conduit of information
- ✍✍ An active participant in communications tests
- ✍✍ An active participant in a tabletop exercise
- ✍✍ An active participant in a functional exercise

Exercise participation can be coordinated through cooperative planning meetings and briefings.

### Developing Local Scenarios in Accordance with the Master Sequence of Events

Included in the 2001 Statewide Medical & Health Disaster Exercise Guidebook is a **Master Sequence of Events** (see page 7) to be used by participants. This sequence provides the overall anticipated schedule of activities that all participants are expected to incorporate into their exercise. Local agencies and departments may plan an extended exercise scenario and Local agencies/departments will decide their scale and intensity of participation and their role in transmitting information from the hospitals and ambulance service providers through the chain of government communications.

This year, the Disaster Exercise includes “sheltering-in-place” as part of the scenario. Exercise participants may need additional training and information about “sheltering-in-place”. Samples of policies and procedures for “sheltering-in-place” can be found in the 2001 Statewide Medical and Health Disaster Exercise Guidebook, page 27.

### Exercise Conduct

#### Pre-exercise Survey of Resources

Changes often occur at the last minute. These can interfere with a successful exercise. Organize a team of “checkers” who do nothing more than check facility readiness, materials, storage lockers, phones, fax machines and other communications systems the evening before and the morning of the exercise.

#### Briefing of Participants With Background Information

Prepare the participants with background information to set the scene immediately before operations begins. The Guidebook provides an excellent scenario opening to assist with that, but you may wish to include local details specific to operations, policies and procedures to further stimulate participants.

#### **“This is only an exercise!”**

During the briefings, and throughout the exercise on November 15<sup>th</sup>, it is very important to stress that this is **only an exercise** to all participants and agencies/departments. Written materials and scripts should denote and emphasize this is only an exercise. Oral communications and instructions should reinforce the “exercise” status.

## EXERCISE CONTACT TOOLKIT

### November 15, 2001

#### Ending the Exercise for Actual Emergency

Should there be a need to close down the exercise due to an actual emergency situation or event, the State Exercise Control Cell, located at the Joint Emergency Operations Center, will notify the RDMHSs to stop the exercise. The State Exercise Control Cell will give a "Terminate the Exercise" order and the exercise will be immediately terminated. Each Operational Area Exercise Contact will be notified by the RDMHS to terminate the exercise. If there is an actual emergency, you may be directed to report to your assigned disaster operations locations for an immediate briefing.

#### Reporting Situation/Status Information to the Operational Area (OA)

Each participating agency will compile situation and status information utilizing their own operational area forms and report to the individual Operational Area according to OA policies. **The participants will begin transmitting their situation/status reports to the OA by 11:00 am on the day of the exercise.**

#### RIMS: Reporting Operational Area Situation/Status into RIMS

**NOTE:** It is very important that the "training" module in RIMS is utilized to enter data during the exercise.

**When RIMS is accessed, be sure that you are in the TRAINING DATA SECTION before data entry.**

The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and request mission assignments. RIMS is accessed and utilized by operational areas, regional and State governmental agencies.

The RIMS Situation/Event Report will be entered before the exercise. Please enter RIMS information only under the **event named: 2001 Medical and Health Disaster Exercise**. It is very important to enter the Operational Area RIMS information under this event name and not a similar exercise/event/name.

On the day of the exercise, November 15, 2001, the Operational Area will enter information into RIMS at the following intervals:

- ✍ Enter an initial status report **within one (1) hour of the beginning of the exercise**, or at approximately 0900 am. This initial report is a "snap-shot" of the status of the OA and can be modified and expanded in subsequent reports.
- ✍ Enter status information obtained from participants beginning at 1130 am or later, compiling the information and reporting aggregate data.



## EXERCISE CONTACT TOOLKIT

### November 15, 2001

**Essential initial status** (or “snap-shot”) **information** to be entered into RIMS should include:

- ✍✍ Hospital Status (RIMS Status Report Number 8.b.)
- ✍✍ Bed Availability (RIMS Status Report, Bed Availability, Resources Available)
- ✍✍ Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- ✍✍ Overall Medical/Health Critical Issues (RIMS Status Report Number 19)

**Expanded and ongoing status information** to be entered into RIMS may include, but is not limited to:

- ✍✍ Hospital Status (RIMS Status Report Number 8.b.)
- ✍✍ Bed Availability for the next 8 and 24 hours (RIMS Status Report, Bed Availability, Resources Available)
- ✍✍ Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- ✍✍ Status of SNF's, clinics and/or Field Treatment Sites (RIMS Status Report Number 9)
- ✍✍ Medical/Health Critical Issues (RIMS Status Report Number 19)
- ✍✍ Medical mutual aid needs for personnel, supplies and transport (RIMS Status Report Number 10)

### Amateur Radio

See the Amateur Radio/Auxiliary Communications Systems guidebook available soon.

### Post-Exercise Critiques and Reporting

Local agencies/department coordinators should plan a unified debriefing, after the exercise is complete. Utilize the “hot wash” or debriefing points in this guidebook (see page 28) to assist in the evaluation of the exercise. This “hot wash” information will also be needed for the regional and state “hot wash”.

During “hot washes”/debriefings, local coordinators and evaluators should:

- ✍✍ Hold meetings in a convenient location in the community
- ✍✍ Act as the facilitator and allow the participants from government and the private sector to discuss the successes and challenges experienced during the exercise.
- ✍✍ Take meeting notes to be provided later to all participants as a feedback mechanism, including those participants who could not attend the critique.
- ✍✍ Develop a list of improvements needed and action items into three categories
  - Short Term (less than six weeks to accomplish)
  - Mid Term (up to three months)
  - Long Term (greater than three months)
- ✍✍ When possible, organize a task group from critique participants to follow-up on the action items over the next three months.
- ✍✍ End the meeting on a high note and remind participants about the certificates from EMSA, as well as upcoming conferences to discuss the statewide results.

**EXERCISE CONTACT TOOLKIT**  
**November 15, 2001**

**Participant Recognition**

After the exercise, Certificates of Participation will be issued to all exercise participants upon return of the Exercise Evaluation "Master Answer Sheet" (see pages 16, 20 and 24 in the 2001 Statewide Medical and Health Disaster Exercise Guidebook) to:

Cheryl Starling, RN  
Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814  
Attn: Disaster Exercise

Should the Exercise Contact wish to have other organizations or people who facilitated the exercise to receive recognition and a certificate of participation or certificate of leadership, please contact Cheryl Starling at 916-322-4336, Extension 463 or email at [cheryl.starling@emsa.ca.gov](mailto:cheryl.starling@emsa.ca.gov).

**End Notes:**

If you have any questions or inquiries about the 2001 Statewide Medical & Health Disaster Exercise, please contact your Regional Disaster Medical/Health Specialist (RDMHS). See page 38 in the 2001 Statewide Medical and Health Disaster Exercise Guidebook for listing of RDMHS contact information.



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**Exercise Scenario  
Thursday, November 15, 2001**

**Scenario Simulation Time Line**

- 7:00** The local newspaper and television station receive an anonymous call warning of a possible terrorist event. The caller states that due to recent decisions and events in the community, there would be a retaliatory attack in the near future. The caller does not give any more details. Local law enforcement and FBI are notified of the call.
- 8:00** A deranged person drives an 18-wheel tanker truck with a hazardous chemical into a large public gathering (such as a shopping mall, convention center, sporting event) in the area. This is possibly related to the terrorist call. There is a subsequent large explosion as the truck catches fire and the contents of the truck spill.
- 8:10** 9-1-1 receives many calls reporting the incident. EMS is called to respond to a large number of people fleeing the scene. Reports state that a plume has formed and is traveling downwind from the area heading toward a heavily populated area.
- 8:15** The chemical overcomes the first responders on scene. Many victims are dead at the scene. EMS, Fire and Law enforcement respond and set up a perimeter, isolating the site.
- 8:25** News reporters and helicopters surround the area. The hospitals and EMS personnel are watching the news for details of the incident. Hospitals and healthcare providers activate Emergency Preparedness Plans.
- 8:30** Many injuries are reported by EMS. Injuries include chemical exposures, burns, trauma, chemical contamination and hysterical (worried well) victims. Your facility or area, monitoring the news on television and radio, realizes that a plume may be moving in your direction. Your facility or area has been advised to “shelter-in-place” due to the plume drifting toward you. There are also many schools and long-term care facilities in the path of the plume.

The Operational Area Emergency Operations Center (OAEOC) activates. Messages go out to all cities, county departments, special districts, and Regional OES (REOCs) advising of the OA EOC’s activation. City and county departments are asked to submit status reports ASAP via RIMS.

## Exercise Scenario November 15, 2001

- 8:30** Your command/management group assesses that the plume is moving rapidly toward the facility/area and that evacuation is not possible. The decision is made to shelter-in-place and orders go out to facility managers to begin the process.
- 8:35** Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.
- 9:00** Victims begin to arrive at the hospital by self-referral. EMS has been notified to divert patients to facilities outside of the plume area. The worried well also arrive demanding to be protected from the chemical. Some victims require decontamination while others require medical treatment. **Note: your facility is shut down in “shelter-in-place” status. What will you do with the arriving patients?**
- 9:15** The plume has traveled one mile from the area and is now dissipating. Fire officials and hazardous materials response teams have identified the chemical in the truck as Anhydrous Ammonia. The emergency responders, hospitals and the public are notified. **Reminder to exercise controller, identification of the chemical should not be revealed to participants until this point in the exercise.**
- 9:30** Phone lines are jammed with many people attempting calls. The phone system fails and there is an unknown time to re-establish service. Auxiliary Communications Systems are employed in the area.
- 9:45** The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.
- 10:00** The plume has completely dissipated and public alert announcements relay that it is now safe to go outside. The “all clear” is sounded and the need to shelter-in-place is discontinued.
- The media arrive at your agency/facility demanding to interview patients and staff.
- 10:30** Phone service has been re-established in the area.
- 11:00** All facilities, agencies and providers report status to the Operational Area.
- 11:30** The Regional Emergency Operations Center begins to receive reports from the operational area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.
- 12:00** Exercise ends.



**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
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**Glossary of Terms**

<b>Anhydrous Ammonia</b>	<p>A chemical liquid that vaporizes. Vapors are extremely irritating and corrosive and may be fatal if inhaled. Contact with gas or liquefied gas may cause burns, severe injury and/or frostbite. Fire will produce irritating, corrosive and/or toxic gases. Runoff from fire control may cause pollution.</p> <p>For more information see Department of Transportation, 2000 Emergency Response Guidebook (ERG 000), Guide 125, Page 215, ID Number 1005 or other resources.</p>
<b>Auxiliary Communications Services (ACS)</b>	<p>The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.</p>
<b>California Amateur Radio Emergency Services (CARES)</b>	<p>CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.</p>
<b>Communications Exercise</b>	<p>The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.</p>
<b>Decontamination</b>	<p><u>Hazardous materials</u>: Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.</p> <p><u>Radioactive materials</u>: The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination.</p>

## Glossary of Terms

<b>Emergency</b>	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
<b>Emergency Operations</b>	Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services.
<b>Emergency Operations Center</b>	A centralized location from which emergency operations can be directed and coordinated.
<b>Exposure versus contamination</b>	<u>Exposure</u> : Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent. <u>Contamination</u> : Contact with a hazardous or infective agent in an unprotected manner.
<b>Functional Exercise</b>	The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.
<b>Full Scale Exercise</b>	This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
<b>Hazardous material</b>	A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
<b>Hazardous material incident</b>	Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
<b>Hospital Emergency Incident Command System (HEICS)</b>	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at <a href="http://www.emsa.ca.gov">www.emsa.ca.gov</a> .

## Glossary of Terms

<b>Incident Command System (ICS)</b>	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.
<b>Joint Emergency Operations Center (JEOC)</b>	The JEOC is a unified operations center for medical and health response to disasters. The JEOC is responsible for developing and implementing combined State-level medical and health policy, managing State-level medical and health response, procurement of medical and health resources, developing the State-level medical and health action plan and maintaining accurate information on the medical and health situation.
<b>Local Emergency (State definition)</b>	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
<b>Long-Term Care Facilities</b>	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities.
<b>Medical and Health Operational Area Coordinator (MHOAC)</b>  (Formerly known as OADMHC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
<b>Operational Area</b>	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
<b>Radio Amateur Civilian Emergency Services (RACES)</b>	The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department.

### Glossary of Terms

<b>Regional Emergency Operations Center (REOC)</b>	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center.
<b>Regional Disaster Medical &amp; Health Coordinator (RDMHC)</b>	As prescribed in legislation, the principal function of the RDMHC during a disaster is to act as an agent of the State for the purpose of locating, mobilizing and deploying mutual aid resources at the request of State officials in support of mutual aid requests from other impacted regions.
<b>Regional Disaster Medical &amp; Health Specialist (RDMHS)</b>	The RDMHS assists the State in the development of regional plans for the provision of medical and health mutual aid resources and coordinates intra-regional medical and health mutual aid in the event of a disaster within the region.
<b>Response Information Management System (RIMS)</b>	The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and request mission assignments. RIMS is accessed and utilized by operational areas, regional and State governmental agencies.
<b>Shelter-in-Place</b>	Shelter-In-Place: Nationally accepted term indicating the need to go or stay inside, close all sources of outside air and listen to instructions broadcast. It is the process of protecting yourself and your facility from the environmental hazards resulting from a chemical release. The mnemonic is: "Shelter-Shut & Listen".
<b>Standardized Emergency Management System (SEMS)</b>	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California.
<b>State Operations Center (SOC)</b>	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders.
<b>Status Codes</b>	<b>Green:</b> Provider is able to carry out normal operational functions <b>Yellow:</b> Some reductions in patient services, but overall, provider is able to carry out normal operational functions <b>Red:</b> Significant reductions in-patient services. Emergency services only being provided. <b>Black:</b> Provider has been severely affected. Unable to continue any services
<b>Tabletop Exercise</b>	An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.





**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**Operational Area (County) Medical/Health Exercise Contacts**

<b>COUNTY</b>	<b>CONTACT NAME, TITLE &amp; ADDRESS</b>	<b>CONTACT NUMBERS</b>
Alameda	Cynthia Frankel Alameda EMS 1000 Broadway Ste 500 Oakland, CA 94607	Phone: 510-267-8080 Fax: 510-465-5624 Email: <a href="mailto:cfrankel@ph.mail.co.alameda.ca.us">cfrankel@ph.mail.co.alameda.ca.us</a>
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: <a href="mailto:dbuchanan@mvemsa.com">dbuchanan@mvemsa.com</a>
Butte	Dr. Mark Lundberg Health Officer 18 County Center Dr., Suite B Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: <a href="mailto:mlundberg@buttecounty.net">mlundberg@buttecounty.net</a>
Colusa	Dr. James Dibdin Health Officer 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0280 Fax: 530-458-4136 Email: <a href="mailto:HO@colusanet.com">HO@colusanet.com</a>
Contra Costa	Dan Guerra Contra Costa EMS 50 Glacier Drive Martinez, CA 94553	Phone: 925-646-4690 Fax: 925-646-4379 Email: <a href="mailto:dguerra@hsd.co.contra-costa.ca.us">dguerra@hsd.co.contra-costa.ca.us</a>
Del Norte	Barbara Center RDMHS- Region II 1340 Arnold Drive #126 Martinez, CA 94553	Phone: 925-646-4690 Fax: 925-646-4379 Email: <a href="mailto:bcenter@hsd.co.contra-costa.ca.us">bcenter@hsd.co.contra-costa.ca.us</a>
El Dorado	Kaya Goodwin El Dorado Public Health 931 Spring Street Placerville, CA 95667	Phone: 530-621-6119 Fax: 530-626-4713 Email: <a href="mailto:gehamlin@innercite.com">gehamlin@innercite.com</a>
Fresno Kings Madera	Lee Adley, RDMHS PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: <a href="mailto:Ladley@fresno.ca.gov">Ladley@fresno.ca.gov</a>
Glenn	Susan Thurman Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: NA

**Operational Area (County) Medical/Health Exercise Contacts**

<b>COUNTY</b>	<b>CONTACT NAME, TITLE &amp; ADDRESS</b>	<b>CONTACT NUMBERS</b>
Humboldt	Clarke Guzzi Humboldt Public Health 529 "I" Street Eureka, CA 95501	Phone: 707-268-2187 Fax: 707-445-6097 Email: <a href="mailto:cguzzi@co.humboldt.ca.us">cguzzi@co.humboldt.ca.us</a>
Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-482-4468 Fax: 760-482-9933 Email: <a href="mailto:johnpritting@imperialcounty.net">johnpritting@imperialcounty.net</a>
Inyo	Tamara Pound PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0241 Email: <a href="mailto:inyohhs@qnet.com">inyohhs@qnet.com</a>
Kern	Russ Blind Interim EMS Director 1400 H Street Bakersfield, CA 93301	Phone: 661-861-3200 Fax: 661-322-8453 Email: <a href="mailto:blindr@co.kern.ca.us">blindr@co.kern.ca.us</a>
Lake	Richard Arnold Lake Co. Dept. of Health 922 Bevins Ct. Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-263-1662 Email: <a href="mailto:richarda@co.lake.ca.us">richarda@co.lake.ca.us</a>
Lassen	Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-251-8222 Fax: 530-257-9363 Email: <a href="mailto:lascooes@psln.com">lascooes@psln.com</a>
Los Angeles	Larry Smith, MHOAC 5555 Ferguson Drive Ste. 220 Commerce, CA 90022	Phone: (323) 890-7559 Fax: (323) 890-8536 Email: <a href="mailto:lasmith@dhs.co.la.ca.us">lasmith@dhs.co.la.ca.us</a>
Marin	Troy Peterson Marin EMS 161 Mitchell Blvd. Ste. 100 San Rafael, CA 94903	Phone: 415-499-3287 Fax: 415-499-3747 Email: <a href="mailto:tpeterson@marin.org">tpeterson@marin.org</a>
Mariposa	Glyn Scharf EMS Coordinator PO Box 5 Mariposa, CA 95338	Phone: 209-966-3689 Fax: 209-966-4929 Email: <a href="mailto:gscharf@mvemsa.com">gscharf@mvemsa.com</a>
Mendocino	Steve Francis Coastal Valley EMS/Mendocino 890 Bush St. Ukiah, CA 95482	Phone: 707-463-4590 Fax: 707-467-2551 Email: <a href="mailto:franciss@co.mendocino.ca.us">franciss@co.mendocino.ca.us</a>
Merced	Chuck Baucom EMS Administrator 260 E. 15 <sup>th</sup> Street Merced, CA 95340	Phone: 209-381-1255 Fax: 209-389-1381 Email: <a href="mailto:he39@co.merced.ca.us">he39@co.merced.ca.us</a>

**Operational Area (County) Medical/Health Exercise Contacts**

<b>COUNTY</b>	<b>CONTACT NAME, TITLE &amp; ADDRESS</b>	<b>CONTACT NUMBERS</b>
Modoc	Nancy Ballard Modoc Co. OES P.O. Drawer 460 Alturas, CA 96101	Phone: 530-233-4416 Fax: 530-233-4971 Email: <a href="mailto:nballard@sheriff.co.modoc.ca.us">nballard@sheriff.co.modoc.ca.us</a>
Mono	Chris Mokracek PO Box 616 Bridgeport, CA 93517	Phone: 760-932-5210 Fax: 760-934-5198 Email: <a href="mailto:jaichermcso@aol.com">jaichermcso@aol.com</a>
Monterrey	Don Hiatt Monterey EMS 19065 Portola Dr. Ste. 1 Salinas, CA	Phone: 831-755-5013 Fax: 831-455-0680 Email: <a href="mailto:hiattd@co.monterey.ca.us">hiattd@co.monterey.ca.us</a>
Napa	Randy Linthicum Coastal Valley EMS/Napa 1500 Third Street Suite B Napa, CA 94559	Phone: 707-253-4199 Fax: 707-259-8122 Email: <a href="mailto:rlinthic@co.napa.ca.us">rlinthic@co.napa.ca.us</a>
Nevada	Jess Montoya Nevada Co. Health & Human Services 10433 Willow Valley Rd Nevada City, CA 95959	Phone: 530-265-7016 Fax: 530-265-1426 Email: <a href="mailto:jess.montoya@co.nevada.ca.us">jess.montoya@co.nevada.ca.us</a>
Orange	Paul Russell, MHOAC 405 West Fifth St. Suite 301A Santa Ana, CA 92701	Phone: (714) 834-3124 Fax: (714) 834-3125 Email: <a href="mailto:prussell@hca.co.orange.ca.us">prussell@hca.co.orange.ca.us</a>
Placer	Young Rodriguez Placer County OES 2968 Richardson St. Auburn, CA 95603	Phone: 530-886-5300 Fax: 530-886-5343 Email: <a href="mailto:yrodrigu@placer.ca.gov">yrodrigu@placer.ca.gov</a>
Plumas	Sandy Norton, PHN Health Dept. PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: <a href="mailto:snorton@pchealth.net">snorton@pchealth.net</a>
Riverside	Karen Petrilla 4065 County Circle Dr. PO box 7600 Riverside, CA 92513	Phone: 909-358-5029 Fax: 909-358-5160 Email: <a href="mailto:kpetrill@co.riverside.ca.us">kpetrill@co.riverside.ca.us</a>

**Operational Area (County) Medical/Health Exercise Contacts**

<b>COUNTY</b>	<b>CONTACT NAME, TITLE &amp; ADDRESS</b>	<b>CONTACT NUMBERS</b>
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San Benito	Margie Riopel San Benito County EMS 471 Fourth Street Hollister, CA 95023	Phone: 831-636-4168 Fax: 831-636-4104 Email: <a href="mailto:sboes@hollinet.com">sboes@hollinet.com</a>
San Bernardino	George Bolton Medical/Health Disaster Coordinator 515 N. Arrowhead Ave. San Bernardino, CA 92415	Phone: 909-388-5831 Fax: 909-388-5825 Email: <a href="mailto:gbolton@ph.co.san-bernadino.ca.us">gbolton@ph.co.san-bernadino.ca.us</a>
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Santa Barbara	Rick Ceriale, MHOAC 300 North San Antonio Rd - Santa Barbara, CA 93110-1316	Phone: (805) 681-5274 Fax: (805) 681-5142 Email: <a href="mailto:rcerial@co.santa-barbara.ca.us">rcerial@co.santa-barbara.ca.us</a>

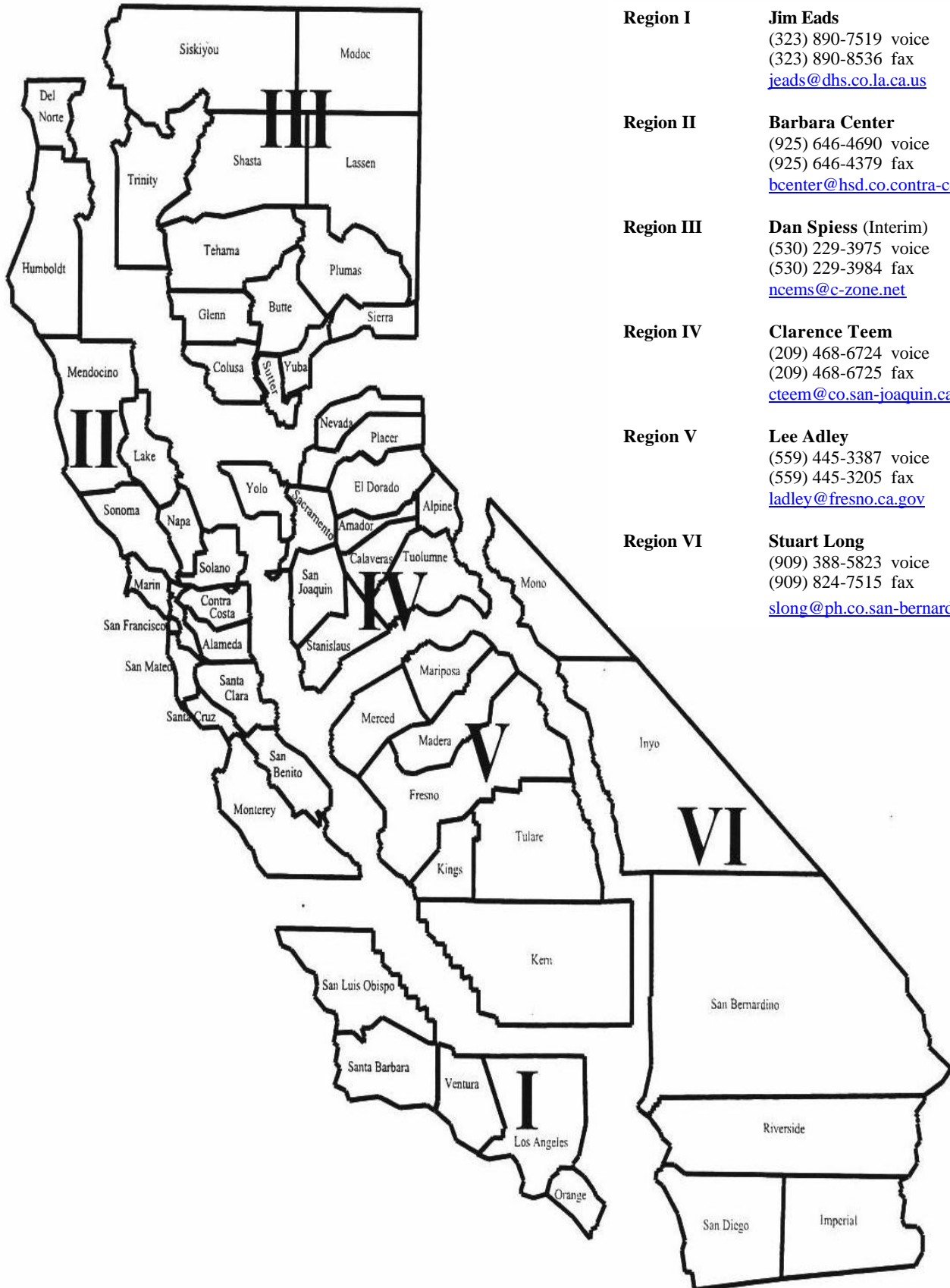
### Operational Area (County) Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
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Santa Cruz	Vol Ranger Santa Cruz EMS 1080 Emeline Ave. Santa Cruz, CA 95060	Phone: 831-454-4751 Fax: 831-454-4272 Email: <a href="mailto:v.ranger@health.santa-cruz.ca.us">v.ranger@health.santa-cruz.ca.us</a>
Shasta	Melissa Janulewicz Family Health Manager 2650 Breslauer Way Redding, CA 96001	Phone: 530-225-5066 Fax: 530-225-5074 Email: <a href="mailto:mjanulewicz@co.shasta.ca.us">mjanulewicz@co.shasta.ca.us</a>
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Sonoma	Mike DuVall Coastal Valley EMS 3273 Airway Dr. Ste E Santa Rosa, CA 95403	Phone: 707-565-6501 Fax: 707-565-6506 Email: <a href="mailto:mduvall@sonoma-county.org">mduvall@sonoma-county.org</a>
Sutter	Mike Harrold OES 1160 Civic Center Blvd., #E Yuba City, CA 95993	Phone: 530-822-7400 Fax: 530-822-7109 Email: <a href="mailto:mharrold@co.sutter.ca.us">mharrold@co.sutter.ca.us</a>
Tehama	Valerie Lucero, PHN Health Dept. 1860 Walnut St. Red Bluff, CA 96080	Phone: 530-527-6824 Fax: 530-0362 Email: <a href="mailto:lucero@tcha.net">lucero@tcha.net</a>
Trinity	Elise Osvold- Doppelhaur, PHN Health Dept. PO Box 1470 Weaverville, CA 96093	Phone: 530-623-8215 Fax: 530-623-1297 Email: <a href="mailto:eosvolddoppelhauer@trinitycounty.org">eosvolddoppelhauer@trinitycounty.org</a>

**Operational Area (County) Medical/Health Exercise Contacts**

<b>COUNTY</b>	<b>CONTACT NAME, TITLE &amp; ADDRESS</b>	<b>CONTACT NUMBERS</b>
Tulare	Patricia Crawford EMS Director 5957 S. Mooney Blvd. Visalia, CA 93277	Phone: 559-737-4660 Fax: 559-737-4693 Email: <a href="mailto:pcrawfor@tularehhsa.org">pcrawfor@tularehhsa.org</a>
Tuolumne	Dan Burch Tuolumne EMS 1210 Sanguinetti Rd. Sonora, CA 95370	Phone: 209-536-0620 Fax: 209-533-4761 Email: <a href="mailto:tcems@mlode.com">tcems@mlode.com</a>
Ventura	<u>Josh Davies, MHOAC</u> 2323 Knoll Drive #100 - Ventura, CA 93003	Phone: (805) 677-5270 Fax: (805) 677-5290 Email: <a href="mailto:josh.davies@mail.co.ventura.ca.us">josh.davies@mail.co.ventura.ca.us</a>
Yolo	Dan McCanta Yolo OES 35 No. Cottonwood St. Woodland, CA 95698	Phone: 530-666-8930 Fax: 530-666-8909 Email: <a href="mailto:yolo-oes@yolo.com">yolo-oes@yolo.com</a>
Yuba	Kelly Purdom OES 215 5 <sup>th</sup> St. Marysville, CA 95901	Phone: 530-749-7520 Fax: 530-741-6549 Email: <a href="mailto:kpoes@yahoo.com">kpoes@yahoo.com</a>

## OES Mutual Aid Regions



### Region I

#### Jim Eads

(323) 890-7519 voice

(323) 890-8536 fax

[jeads@dhs.co.la.ca.us](mailto:jeads@dhs.co.la.ca.us)

### Region II

#### Barbara Center

(925) 646-4690 voice

(925) 646-4379 fax

[bcenter@hsd.co.contra-costa.ca.us](mailto:bcenter@hsd.co.contra-costa.ca.us)

### Region III

#### Dan Spiess (Interim)

(530) 229-3975 voice

(530) 229-3984 fax

[ncems@c-zone.net](mailto:ncems@c-zone.net)

### Region IV

#### Clarence Teem

(209) 468-6724 voice

(209) 468-6725 fax

[cteem@co.san-joaquin.ca.us](mailto:cteem@co.san-joaquin.ca.us)

### Region V

#### Lee Adley

(559) 445-3387 voice

(559) 445-3205 fax

[ladley@fresno.ca.gov](mailto:ladley@fresno.ca.gov)

### Region VI

#### Stuart Long

(909) 388-5823 voice

(909) 824-7515 fax

[slong@ph.co.san-bernardino.ca.us](mailto:slong@ph.co.san-bernardino.ca.us)





**State of California  
Emergency Medical Services Authority  
Statewide Medical & Health Disaster Exercise  
November 15, 2001**

**RESPONSE INFORMATION MANAGEMENT SYSTEM (RIMS)  
TIPS AND SUGGESTIONS  
USE OF RIMS DURING THE 2001 EXERCISE**

**I. RIMS Access Issues:**

- a. Established RIMS users have a password into RIMS and will log onto RIMS using their individual assigned access and password.
- b. If you do not have RIMS access, please contact Cheryl Starling at the EMS Authority at 916-322-4336 or [cheryl.starling@emsa.ca.gov](mailto:cheryl.starling@emsa.ca.gov) for a temporary password assignment and the procedure for obtaining RIMS access.

**II. RIMS System Issues and Use:**

- a. When you access RIMS, you will notice that the screens are different. These changes were made to standardize State of California websites, but the RIMS screens and information remain essentially unchanged.
- b. It is **essential to utilize the training module** to enter information into RIMS during the exercise!
  - ~~✍~~ When RIMS is accessed, click on the bar "**Click here for RIMS Training**"
  - ~~✍~~ Next click on "SEMS Reports"
  - ~~✍~~ Enter your username and password
  - ~~✍~~ You have now accessed RIMS and are on the "Situation Reports--Current Situations" page.
  - ~~✍~~ **Do not** create an event or incident report. An event and incident report are generally completed by the Governor's Office of Emergency Services (OES) state or regional divisions.
  - ~~✍~~ For the exercise, the event will be created by the planners and entered into RIMS early in the morning of November 15, 2001. The exercise event/incident name will be "**2001 Statewide Medical/Health Disaster Exercise**".
- c. In order to view all fields in RIMS pages, the computer display must be set to at least 800 X 600 pixels. If not set at this minimum pixel display, you will not be able to view all the items on the screens.

**III. Entering RIMS Information:**

- ~~✍~~ The first screen is the "Situation Reports-Current Situations" screen. On this screen, all events are summarized and you can review the current event(s) and other RIMS reports.



## RIMS Tips and Suggestions

☞☞ To create a Medical and Health RIMS Report:

☞☞ At the top left of the main screen, click on “Create a Report”

☞☞ This opens the pull-down menu to designate the type of report you will be making. Click on “**Status/Medical/Health**” as your *initial* entry.

- There is also a field named “**Status/Medical Resource Status**” on the pull-down menu. This is a reporting of medical resources (physician, nurses, etc.) and hospital bed capacity projections. This would be an additional report to complete and submit, if possible within two hours of the disaster.

☞☞ Complete the information as required in all the boxes.

- Note: when asked for the incident name, click on the “**2001 Statewide Medical/Health Disaster Exercise**” from the pull-down menu.

☞☞ Important initial status information should include at a minimum:

- i. Estimated Casualties (RIMS “Status Medical/Health”, Number 7)
- ii. Status of Hospitals (RIMS “Status Medical/Health”, Number 8)
- iii. Medical/Health Critical Issues and Actions Taken (RIMS “Status Medical/Health”, Number 19)
- iv. Bed availability projections (“RIMS Status/Medical Resource Status”, Hospital Bed Categorization”)

### IV. RIMS Access and “Time-Out”:

**Important note: The RIMS program has a built in “time-out” feature, and will disconnect the user from the system after approximately 30 minutes. In order to save your entered information, please consider the following:**

☞☞ Have as much information as possible collected and ready for entry into RIMS.

☞☞ Complete all “red flagged” or red highlighted areas on the “Create a Report” screen. If all the critical fields are not completed, the report will not be accepted.

☞☞ To save the information in RIMS, submit the report, even if not fully completed.

☞☞ Once you have submitted the information, it is saved, and the information/report can be “modified. With each modification, the changes are saved and updated, and the most current information saved on the RIMS database and viewing screens. This will prevent loss of information and waste of time should you be “timed-out”!

☞☞ To modify your report, on the RIMS menu on the left of the screen, pick the report you want to modify: Status-Medical/Health or Status-Medical Resource Status. Click on the report to open the file.

☞☞ A pop-up box will appear, “MODIFY”. Click on that box, and update or enter new information as needed.

☞☞ Remember the “time-out” feature, and submit the modified information within the 30-minute timeframe.

☞☞ The initial data is never lost, it is archived on the RIMS database, but RIMS will display the most current information.

**RIMS classes will be made available before the exercise. Please contact your RDMHS or Cheryl Starling at the EMS Authority for information.**

**For copies of  
RIMS  
Medical/Health Status Report  
And  
Medical/Health Resource Status Report  
Please go to the  
RIMS website**

# Exercise Participant Evaluation

## “Hotwash”

### After-Action Debriefing

This is a suggested list of questions that will be used by the Operational Area (County) Medical/Health Exercise Contact, or designee, to conduct a debriefing or “hotwash” for the exercise participants. Please elicit as much detail as possible and compile the information.

It is recommended to appoint one person to conduct the debriefing and to moderate as required. A scribe can be directed to track and document comments and recommendations made by the participants during the hotwash. The Operational Area (County) Disaster Medical/Health Exercise Contact, or designee, should compile and submit the hotwash information to the Regional Disaster Medical/Health Specialist (RDMHS) during a regional hotwash to be announced at a later date.

*It is suggested to schedule the operational area debriefing as soon as possible after the exercise.*

### Debriefing Questions

1. Was the information contained in the Disaster Exercise Guidebook clear and concise? What changes/additions would you suggest?
2. Was the “Intent to Participate” form user friendly? Would you suggest any additions or deletions?
3. Were the “Exercise Objectives” clear and applicable to a potential real life situation?
4. Were the instructions on the “Exercise Scenario” and the “Master Sequence of Events” clear?
5. Did you change or expand the exercise scenario to meet the needs of your facility? If so, how?
6. What items/sections of the Disaster Exercise Guidebook were the most helpful?
7. Any suggestions for improvement in any of the items or sections of the Disaster Exercise Guidebook?

**Statewide Medical & Health Disaster Exercise**  
**November 15, 2001**  
**After-Action Debriefing**

8. Were the pre-exercise time frames/expectations reasonable? What would you do differently?
9. Did you test communication systems?
  - a. Did you use an alternative communication system during the exercise (i.e. amateur radio)?

If yes:

    - i. Describe the benefits and/or problems with data transmission via amateur radio
    - ii. Was the specific information requested from hospitals, ambulance providers, blood banks and others useful?
    - iii. What would you add/delete?
    - iv. How would you resolve any problems or issues in the future?
  - b. Did you use other communication technologies during the exercise (i.e. fax, email, internet, etc.)?

If yes: What were the benefits and what worked well?  
What did not work well, what problems or issues did you have?  
How would you resolve any problems or issues in the future?
10. Describe the use of the Response Information Management System (RIMS) in your county.
  - a. Where and by whom was the information entered into RIMS?
  - b. Was the information requested from the hospitals pertinent to the situation and helpful to you?
  - c. Will the overall medical/health information requested on the RIMS forms be pertinent in a real life situation?
  - d. What suggestions would you offer for revisions to the medical/health RIMS data?
  - e. What training, administrative or logistical issues need to be addressed?
11. If the Operational Area's Emergency Operations Center was activated:
  - a. Was the interaction with disaster management officials at the operational area's EOC useful and provide you with direction, information and assistance?
  - b. Describe your interaction with the EOC in your operational area.
    - i. What worked well?
    - ii. What could be improved?
12. What training issues or points did you identify during the exercise that needs to be addressed before the next exercise/actual event?

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After-Action Debriefing**

13. Results of and lessons learned on “sheltering-in-place” of a facility or organization/agency.
14. Any other issues or items for the debriefing?

**Debriefing wrap-up:**

1. Thank all participants for their collaboration and participation in the exercise.
2. Please **emphasize the value of the statewide disaster exercise**.

The Statewide Medical & Health Disaster Exercise will be held annually in the first two weeks of November. Participants are encouraged to plan their facility exercises (drills) accordingly to take advantage of this statewide exercise.

3. Remind all participants that the “Master Answer Sheets” for evaluation of the exercise can be found in the 2001 Medical and Health Disaster Exercise Guidebook on pages 16, 20, and 24. The Master Answer Sheets must be completed and mailed to:

Emergency Medical Services Authority  
1930 9<sup>th</sup> Street  
Sacramento, CA 95814  
Attention: Disaster Exercise

4. Upon receipt of the evaluation forms, the participant will receive a **Certificate of Participation** from the State EMS Authority.

**Thank you very much for your participation!**